SUBGRANTEE:	GRANT NUMBER:
PROJECT TITLE:	PROJECT DURATION FROM: TO:
PREPARED BY: PHONE: ( )	EMAIL:
NOTE: Requests for funds may be **denied** if this report is not completed and filed on time as required by the Office of Preparedness Security and Fire Safety.	REPORT COVERS PROJECT ACTIVITY DURING THE FOLLOWING CALENDAR QUARTER OF 20_____: Jan 1 - Mar 30 _____ Apr 1 - June 30 _____ July 1 - Sept 31 _____ Oct. 1-Dec 31_____

QUARTERLY NARRATIVE On a separate sheet(s), complete the narrative using the format below. Include the Grant Number and quarter being reported in the heading. Number each page of the narrative section. Report activities for each **Project, Goal and Objective** as submitted on the Initial Strategy Implementation Plan (ISIP). Copies of these will be provided upon request.

If there was no activity toward a particular objective during the quarter, state such in the narrative.

IMPORTANT:
Please include at least three paragraphs each quarter describing what actions are being taken to accomplish each Project, Goal and Objective.

- Examine the ways that grant funding is helping to enhance the region's capabilities to respond to and recover from an incident involving Weapons of Mass Destruction.
- Describe how elements of each project, goal, and objective are tied into purchases and expenditures under this grant.
- Evaluate regional accomplishments toward meeting the missions as set forth in the various projects.
- In addition, include a separate section to report problems or changes for each quarter.

Example:
Grant Number:_____Quarter:_____ Project Director:_____

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Project:	Project:	Project:	Project:
Goal:	Goal:	Goal:	Goal:
Objectives:	Objectives:	Objectives:	Objectives:
Problems:	Problems:	Problems:	Problems:
Changes:	Changes:	Changes:	Changes:

Typed Name and Title of Project Director   Signature of Project Director / Date

SUBMIT TWO FORMS WITH ORIGINAL SIGNATURES TO CDEM

Rev.